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\*\* CONTINUING DATA \*\*\*\*\*

N/A

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

N/A

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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## TITLE

AGGREGATE POWER MEASUREMENT

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